Approved for use through 7/31/2009. OMB 0651-0012
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper	vork Reduction Act of TENT: APPLIC	ATION FE	na ere required to re E DETERMIN	eapond (o	U.S. Palent a e collection I RECOP		unless it	lisplays a valid	OOB. OMB 0851-00 NT OF COMMERI OMB control numb	
Substitute for Form PTO-876. APPLICATION AS FILED - PART I								Application or Docket Number		
		AS FILED - I	PART ((Column 2)		SMA	LL ENTITY	Of	OT	HER THAN ALL ENTITY	
BASIC FEE	· · · · · ·	R FILED	NUMBER EXTRA		RATE () FEE (6)			
(37 CFR 1.16(a), (b), or SEARCH FEE			•	_				RATE (\$	(fee (\$)	
EXAMINATION FEE			·	_					-110	
(37 CFR 1.16(0), (p), or TOTAL CLAIMS (37 CFR 1.16(1))	(9) 27		1.77							
INDEPENDENT CLA	IMS 7	minus 20 = *	#	-	X	- 	OR	×18	- 306	
APPLICATION SIZE	If the specie	ication and dra	wings exceed 10 ation size (ee due	0	Х .	<u>-</u>	_	× 810	= 344	
FEE (37 CFR 1.16(s))	is \$250 (\$1)	25 for small en! O sheels or frac	ily) for each					1		
MUI TIQUE DEDEATOR	1 35 U.S.C. 4	1(a)(1)(G) and	37 CFR 1.16(s).		<u>-</u>]	250	11	
MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16(I)) If the difference in column 1 is less than zero, enter "O" in column 2.							_	0290		
•					TOTAL		4	TOTAL	1420	
13:18:06	CATION AS AM	•			٠.					
	(Column 1) CLAIMS	(Colum HIGHE:	ST	7 [SMALL	ENTITY	OR	OTHER SMALL	THAN ENTITY	
	REMAINING AFTER MENDMENT	PREVIOU PAID FO	SLY EXTRA		RATE (\$)	ADDI- TIONAL		RATE (\$)	ADDI- TIONAL	
Total (37 CFR (.180)) O Independent	12	rus - 3/	7 -		=	FEE (\$)	OR	- KI)	FEE (\$)	
Z (37 CFR 1,16(N))	3 Min	us 7		×	=		OR	× 200 =		
Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37.CFR 1.16(ji))										
DAINA					TAL		OR C	OTAL		
	Soldmin (1)	(Column	2) (Column 3)	AU	D'LFEE [OR A	OD'L FEE		
	CLAIMS EMAINING AFTER IENDMENT	HIGHEST • NUMBER PREVIOUSI PAID FOR	PRESENT Y EXTRA	R	ATE (\$)	ADDI- TIONAL		RATE (4)	ADDI-	
U Total	Minu		1 = 1	×		FEE (3)		- A	TIONAL FEE (\$)	
Independent (a) of R 1.16(a) Application Size Fee	3 Minu		=	×	= /	/	OR X	/	·	
Application Size Fee		DENT CLANA DE			1			=		
	TO MOUNT LE DEFEN	DENT COM (3)	CPR 1.16(II)		/	/	ØR _			
f if the entry in column	I is less than the en	((ov in column 2 w	Tile "O" in column 3		L FEE	_	UR AD	iet D'EFEE		
"" If the Highest Number	r Previously Paid Fo	IN THIS SPACE	E is less than 20, er E is less than 3, ente	nler *20°. er *3°.			•	<u> </u>		
als collection of Information	is required by 37 C	FR 1.16. The Inf	omation is required	number d to obta	in or relain a	a benefil hv ii	so public	41.4	and by the	
fuding gathering, preparing the annount of time you red	, and submitting the	completed applica	ion form to the US	PTO. Tin	14. I NS COLK ne will vary d	ection is estim epending upo	aled to tak	e 12 minutes to	complete.	